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Statement submitted by National Right to Life Educational Trust Fund, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2010/100.

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Statement

Does legalizing abortion protect women's health?

The World Health Organization (WHO) says that 99 per cent of maternal deaths from abortion take place in the developing world. Some claim that repealing laws prohibiting abortion would decrease maternal mortality and morbidity caused by illegal abortions. But this claim is contrary to the available evidence. It is the lack of modern medicine and quality health care, not the prohibition of abortion, that results in high maternal mortality rates. Legalized abortion actually leads to more abortions.

In South Africa, for example, the number of abortions rose from an estimated 1,600 in 1996, the year before abortion was legalized, to 85,621 in 2005. By contrast, when Poland finally prohibited most abortions following decades of Government-funded abortion on demand, evidence suggests that the total number of abortions (legal and illegal) fell dramatically.

Evidence shows that a country's maternal mortality rate is determined by the quality of medical care rather than by the legal status of abortion. Abortion complications are not a function of the legality of the procedure, but of the overall medical circumstances in which abortion is performed.

In the developing world, if legalization triggered a higher demand for abortion, the number of women competing for scarce resources would increase and more women would die or be harmed by abortion.

In the developed world, the steep decline in maternal mortality rates coincided with the development of obstetric techniques and an improvement in the general health status of women (from 1935 to the 1950s), according to WHO. This took place well before the widespread legalization of abortion.

Malaysia and Sri Lanka have sharply reduced maternal mortality rates by making professional midwives and supervisory nurse-midwives widely available in rural areas and by providing a steady supply of appropriate drugs and equipment, improved communication, transportation and backup services.

A comparison between nations that have strong abortion restrictions, such as Ireland and Poland, and nations that permit abortion on demand, such as the Russian Federation and the United States, demonstrates that nations with strong abortion restrictions actually have lower maternal death rates than countries that permit abortion on demand.

In India, abortion is broadly legal but maternal deaths are common owing to dangerous medical conditions. According to the report "Abortion Policies: A Global Review" by the United Nations Population Division of the Department of Economic and Social Affairs, despite the liberalization of the abortion law, unsafe abortions have contributed to the high rates of maternal mortality in India (570 maternal deaths per 100,000 live births in 1990).

In Paraguay, despite the prohibition of most abortions and the fact that clandestine abortion is common, the rate actually declined from 300 deaths per 100,000 live births in 1986 to the most recent 1995 Government estimate of 190 deaths per 100,000 live births.

Laws against abortion are necessary to protect not just unborn children, but their mothers as well.